

TEST REQUISITION FORM (TRF)



(PLEASE FILL IN CAPITAL LETTERS ONLY):
SFADERJIN MARAK

Age : 62 Yrs : Months Days

Sex : Male Female Date of Birth :

Ph :

Client Details :

SPP Code Customer Name Acura Diagnostics Shillong
 Customer Contact No Ref Doctor Name
 Ref Doctor Contact No

Specimen Details:

Sample Collection date : <u>26.05.23</u>	Specimen Temperature :	Sent	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
Sample Collection Time : <u>1:00</u> AM / PM		Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>

Test Name / Test Code

HPF (Left Eye)

Histo pathology examination of the excised
Pterygium lesion to rule out neoplastic
changes.

Sample Type

TISSUE

SPL Barcode No

24283541

Clinical History:

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.